

**Mental Health Medication Advisory Committee Meeting**  
**Meeting Minutes, Open Session**  
**August 13, 2019 2:00pm – 4:30 p.m.**

|  |  |  |
|--|--|--|
| <p><b>MHMAC</b><br/> Open Session<br/> DXC Technology<br/> Capital Room<br/> 6511 Forbes Ave.<br/> Topeka, KS 6619</p> | <p><b>Committee Members Present:</b><br/> DeAnn Jenkins, MD (Chair)<br/> Vishal Adma, MD<br/> Taylor Porter, MD<br/> Charles Millhuff, DO<br/> Karen Moeller, PharmD, BCPP</p> <p><b>Committee Members Absent:</b><br/> Holly Cobb, ARNP</p> <p><b>KDHE/Contractor Staff Present:</b><br/> Lee A. Norman, MD<br/> John Esslinger, MD<br/> Annette Grant, RPh,<br/> Victor Nguyen, PharmD<br/> Margaret O'Donnell, Transcriptionist</p> <p><b>MCO Representatives Present:</b><br/> Janette Mueller, RPh – United Healthcare<br/> Angie Zhou, PharmD – Sunflower Health Plan<br/> Alan Carter, PharmD – Aetna Better Health of Kansas</p> <p><b>DXC/HID Staff Present:</b><br/> Kathy Kluczykowski, RPh<br/> Kathy Kaesewurm, RN, BSN</p> | <p><b>Representatives:</b></p> <p>Erin Hohman;<br/> Janssen, Kellie<br/> Vazzana; Alkermes,<br/> Dawn Lease; J&amp;J,<br/> Krystal Joy; Otsuka<br/> *Illegible names on<br/> sign-in sheet were not<br/> included.</p> |
|--|--|--|

|   | <b>DISCUSSION</b>   |
|---|---|
| I. Call to Order<br>A. Introduction<br><br>B. Announcements                     | <b>Call to Order:</b><br>Dr. Jenkins called the meeting to order at 2:04 p.m.<br><br><b>Announcements:</b><br>Ms. Grant introduced Dr. John Esslinger, MD, the Medicaid Medical Director, to the Board.   |
| II. Old Business<br>A. Review and approval of February 12, 2019 Meeting Minutes | <b>Committee Discussion:</b><br>None.<br><br><b>Decision and/or Action:</b><br>Dr. Porter moved to approve the minutes as amended.<br>Dr. Moeller seconded the motion.<br>The motion carried unanimously. |
| II. Old Business<br>B. Review and approval of May 14, 2019 Meeting Minutes      | <b>Committee Discussion:</b><br>Moved item to the end of the agenda.  |

|   |   |
|---|---|
| <p>II. Old Business</p> <p>C. Prior Authorization Criteria</p> <p>1. Multiple Concurrent Mental Health Medication PA – For All Ages – Finalization of PA criteria with use of current data.</p> | <p><b>Background:</b><br/>Continuation of drafting prior authorization criteria for multiple concurrent mental health medication use.</p> <p><b>Clinical Public Comment:</b><br/>No requests were received.</p> <p><b>Committee Discussion:</b><br/>The State presented their data on the number of mental health medications per patient broken down by those on 4, 5 and 6 drugs per age base. There was discussion about wanting to move people in the direction of 4 or less, but if there are 2,500 patients that would affect, that would be a difficult task. A Board Member commented that a doctor could note on a PA request the number of medications a patient is on and communicate the plan to reduce that number. There was discussion about the Committee needing to look at efficacy, safety, practicality of running a practice as well as avoiding excessive administrative procedures. An MCO asked if the drugs were unique drugs or could it be Abilify® but different doses. The State replied that it could be a long-acting and a short-acting. A Board Member commented about reviewing Health and Human Services GAO paper from 2011 which said that there is no clinical evidence that prescribing 5 or more medications is clinically beneficial. There was general discussion about having a PA for the outliers and lifting the PA if prescribing patterns improved. The State discussed moving it to a RDUR process at 5 drugs, look and see are 2 long-acting and 2 short-acting and if RDUR process can justify the drug for diagnosis for 5, then fine, if they can't, then the letter will go out. Changing from a point-of-sale (POS) edit to a backside education opportunity. MCOs discussed that a lot of this is lack of transition of care and no follow-up with patient when transferred between facilities rather than ill intent by doctors. A Board Member discussed that systems need to have a chance to respond. If we put this in place, there's going to be an impact. There was general discussion about the goal of this being to change inappropriate prescribing behavior without impeding appropriate prescribing practices.</p> <p><b>Decision and/or Action:</b><br/>Dr. Moeller moved to table the agenda item until the November meeting.<br/>Dr. Porter seconded the motion.<br/>The motion carried unanimously.</p> |
|---|---|

|  |   |
|--|---|
| <p>III. New Business</p> <p>A. Prior Authorization Criteria</p> <p>1. Antidepressant Medications – Safe Use for All Ages</p> | <p><b>Background:</b><br/>Updating drug list and general standardization of PA form.</p> <p><b>Clinical Public Comment:</b><br/>Erin Hohman with Janssen Pharmaceuticals spoke on behalf of (Esketamine) Spravato™ and answered questions from the Board.</p> <p><b>Committee Discussion:</b><br/>The dosing table will be addressed in November when the Board discusses the Texas-Kansas Guidelines Dosing Table. There was general discussion about always keeping patient safety most important. A Board Member commented that there are so many remarkable examples of our health care system not meeting peoples’ needs. The State responded that this is why we are going to treat to target and not just giving a blanket approval year after year, that this is a safety buffer. A Board Member asked what the rationale was in keeping 35 as the number on the MADRS. The State responded that according to the ratings scale, 35 and above is considered severe. The Committee agreed to add “Patient must be started on new oral antidepressant” under PA Criteria. Removed sub-bullet “patient must be assessed with the MADRS at least quarterly.” Under Renewal Criteria, removed sub-bullet “Stable remission was maintained, defined as MADRS <math>\geq</math> 12 for the majority of the assessments since the most recent approval.” Added “Patient must be screened for active/risk for substance use disorder.” Added language “A relapse is defined as hospitalization or overnight observation for worsening depression.”</p> <p><b>Decision and/or Action:</b><br/>Dr. Adma moved to approve.<br/>Dr. Grinage seconded the motion.<br/>Dr. Porter abstained.<br/>The motion carried.</p> |
|--|---|

|  |  |
|--|--|
| <p>III. New Business</p> <p>A. Prior Authorization Criteria</p> <p>2. Antipsychotic Medications – Safer Use for All Ages</p> | <p><b>Background:</b><br/>Revising language per DUR Board request and general standardization of PA form.</p> <p><b>Clinical Public Comment:</b><br/>No requests were received.</p> <p><b>Committee Discussion:</b><br/>Changed greater than 90 to greater than 60*, changed “prescriber” to “prescribed”, and changed “tolerant” to “benefit and not contraindication”.</p> <p><b>Decision and/or Action:</b><br/>Dr. Adma moved to approve.<br/>Dr. Porter seconded the motion.<br/>The motion was approved unanimously.</p> |
| <p>Review and Approval of May 14, 2019 Meeting Minutes.</p>  | <p><b>Committee Discussion:</b><br/>None.</p> <p><b>Decision and/or Action:</b><br/>Dr. Klingler moved to approve the minutes.<br/>Dr. Millhuff seconded the motion.<br/>The motion carried unanimously.</p>   |
| <p>IV. Open Public Comment</p>   | <p>None.</p>   |
| <p>V. Adjourn</p>  | <p>Dr. Adma moved to adjourn.<br/>Dr. Klingler seconded the motion.<br/>Dr. Jenkins adjourned the August 13, 2019 MHMAC meeting at 4:27 p.m.</p> <p>The meeting adjourned at 4:27 pm.</p> <p><b>The next MHMAC meeting is scheduled for November 12, 2019.</b></p>   |

All approved PA criteria are posted to the KDHE website- [http://www.kdheks.gov/hcf/pharmacy/pa\\_criteria.htm](http://www.kdheks.gov/hcf/pharmacy/pa_criteria.htm)